Sexual Abuse of People with Intellectual and Developmental Disabilities: Prevention & Support for Survivors, Caregivers and Families

Indiana Family and Social Services Administration
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Indiana Government Center
Indianapolis, IN

ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILTIES: How much does it happen? What can we do to reduce the risk and impact of abuse? How can we help survivors heal?

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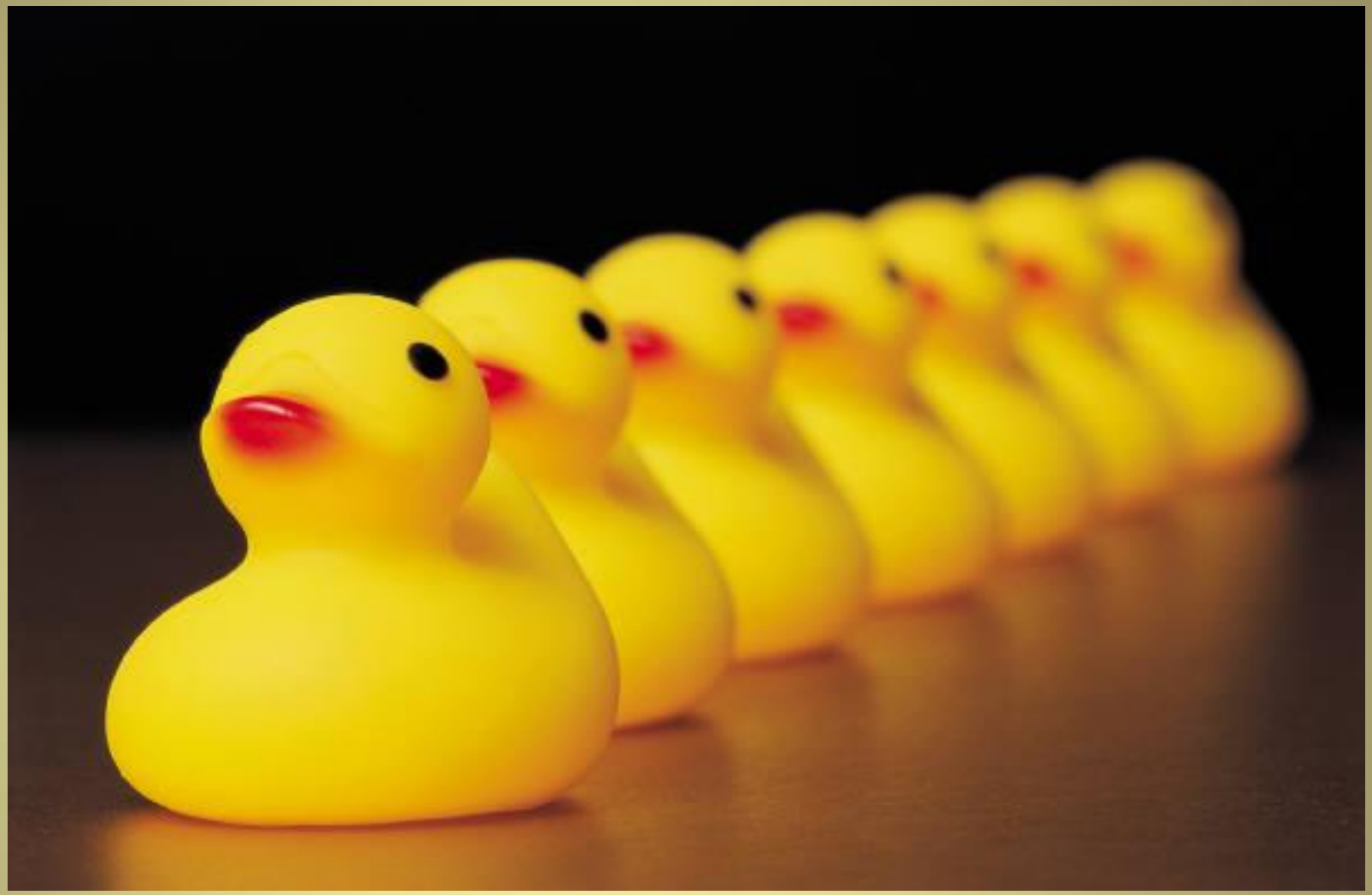


GETTING OUR DUCKS ALL LINED UP !!!

Knowledge is Power!

Detailing the problems: identifying abuse

Incidence and prevalence of abuse

Identify perpetrators, their thinking and planning

Identify how lack of understanding → under-reporting, failed forensic investigations which leads to poor prosecution/adjudication results

How to reduce the risk and impact of abuse-IRP's

How to heal the trauma

How to adopt trauma-informed practices

How to increase awareness of one's early trauma history

How any community/state can significantly change the current status in their area

THE COMBO

IF YOUR STATE WERE TO DO THE FOLLOWING IT WOULD BE THE NATION'S LEADER IN ABUSE AWARENESS, RESPONSE AND RISK REDUCTION.:

ACES awareness and response in all programs

Trauma-Informed Policies, Principles and Practices in all agencies, service delivery and interactions

Risk Reduction Practices at the Administrative level in all programs and all persons with disabilities using an IRP

All crime victims informed of Victims of Crime Programs

All reported crimes processed by trained responders an law enforcement like DPPC

THE COMBO

Increase in support for mandated reporters to do so including training repeated annually, along with filing reports to the police of failures to adhere to the law.

Increase in providing effective therapy that benefits people with intellectual and communication disabilities such as TFT (Thought Field Therapy) that relieves the psychological and emotional impact of the abuse/trauma.

Recognition that most people with I/DD have multiple abuses of every type.

Recognition that most abuse has not been reported, or if reported, believed.

The Combo

Ensure that all who work in DDS, CPS, and APS, providing service to people with I/DD have training, education and information on all of these areas.

Use the information provided in the written materials available on our website, disabilityandabuse.org

Become a member of our listserv and use the resource.

Promote/provide information on data within Delaware. Idea!! Using our Survey as a foundation, disseminate in Delaware.

Respond to the fact that background checks do not identify most criminal history. Improve background checks, do them semi-annually AND engage in other activities including google checks.

The Combo

Create an "atmosphere" at each agency that clearly discusses abuse, abuse awareness, vigorous reporting and response, making it uncomfortable for most perpetrators…except those intrigued with "beating the system." Perpetrators do not want to get caught, and most will avoid any group where abuse awareness and response is high.

Become an "Agent for Awareness" so that when people see you they think, "abuse solution person"

Do not fall prey to Social Inhibitors to speaking up to make the difference for folks with disabilities.

Be Connected

Join the Disability and Abuse Project's Listserv

- Over 500 persons in USA and abroad
- All interested in abuse + disability
- Who link people resources, information & opinions
- Use it to gain information, share information

Example: One caller in LA had an urgent need for an FI of a child who was "non-verbal." We had an experienced FI there the following week.

Example: A VOC agency urgently needed a "techie" to support a grant for victims on Weds by Friday. The grant was completed timely!

It is free, and provides weekly "Dr. Nora's Picks" and a link to our Newsfeed which is archived on the website.

Abuse

ABUSE – A pattern of volitional harm to another.

Takes the form of physical, verbal, emotional, sexual and financial maltreatment. It results in injury to the victim.

Neglect

A pattern of failure to attend to the needs of another in the form of physical (food, shelter, clothing, medical needs); verbal (human interaction and contact); emotional (failure to offer affection or physical touch.

Exploitation

Use of another for gain of the user. Current nomenclature: human trafficking. Committed by individuals, families (selling their children for sex, drugs, work, i.e. slavery); individual or organized crime perpetrators, mostly sex trade.

Victims may have been sold by their families or forced to give criminals their children, or they have been kidnapped, then transported.

What can be done?

Prevention and discovery efforts.

Increase efforts in this area. Community coalitions on trafficking. Ask about abuse.

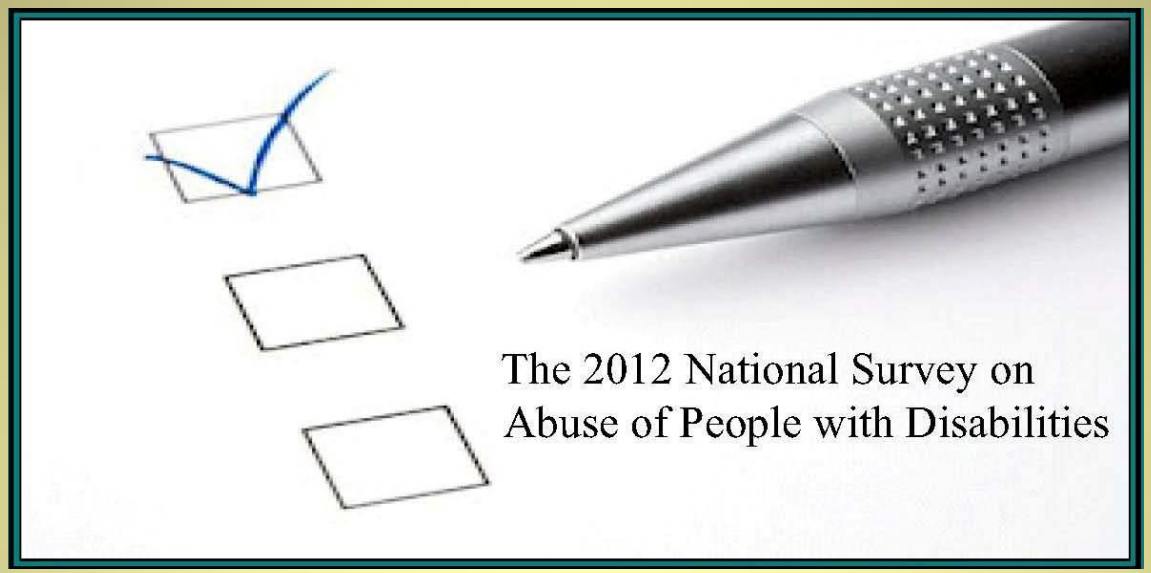
Heal the survivors

Expand and utilize available free & effective healing methodologies

Prosecute the perpetrators

Improve prosecution for people with disabilities

Improve utilization of effective risk reduction methods



The First Report:
Victims and Families Speak Out

Background on the Survey

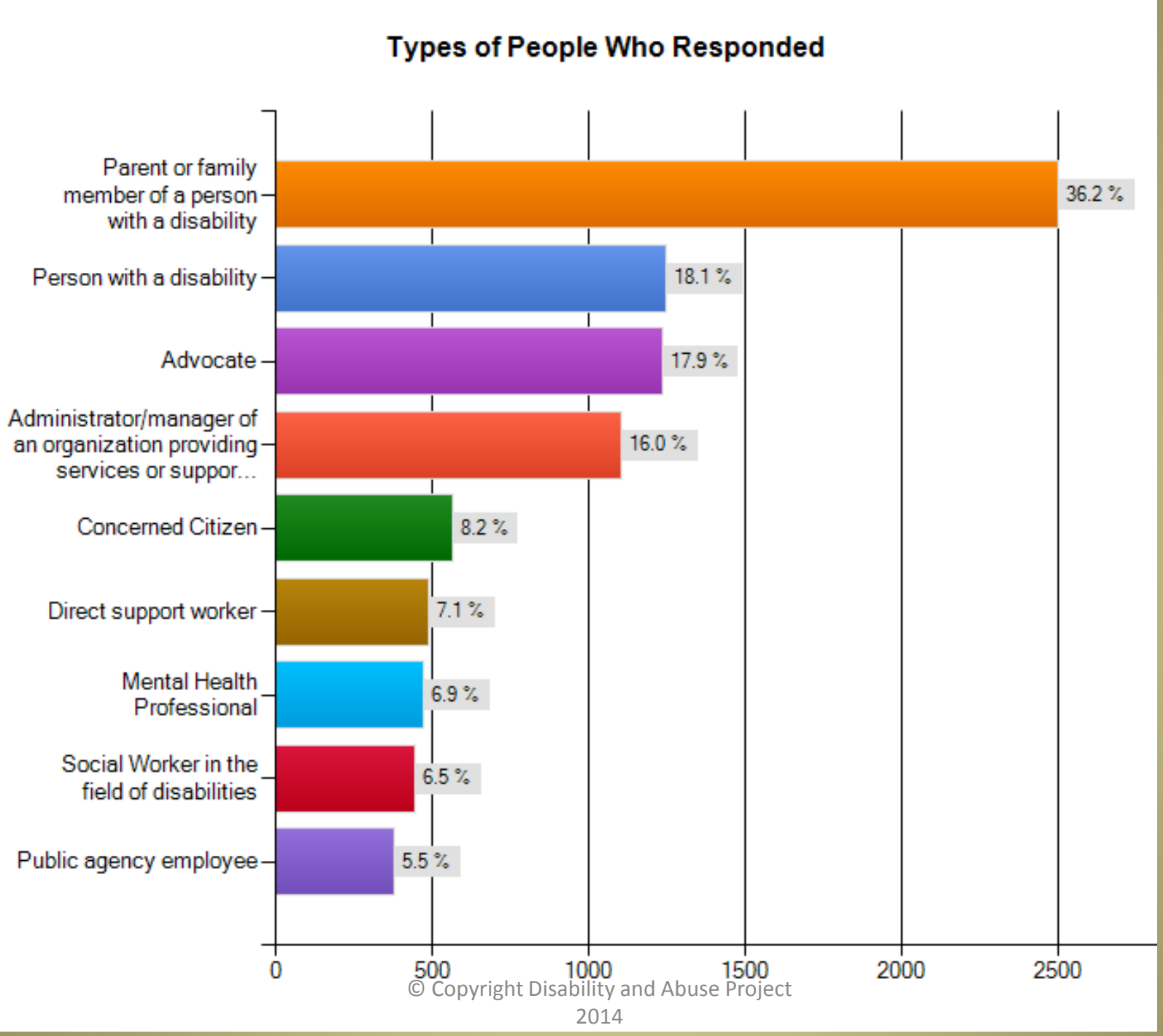
- *The need for the survey*
- *Developing questions*
- *Distribution throughout the nation*
- *Feedback from our consultants during the analysis phase*

What We Knew Prior to the Survey

- *Abuse of PWD is an epidemic*
- *PWD are much more likely to be victims*
- *Cases of abuse are under-reported*
- *Victims are not getting:*
  - *equal justice*
  - *equal services*

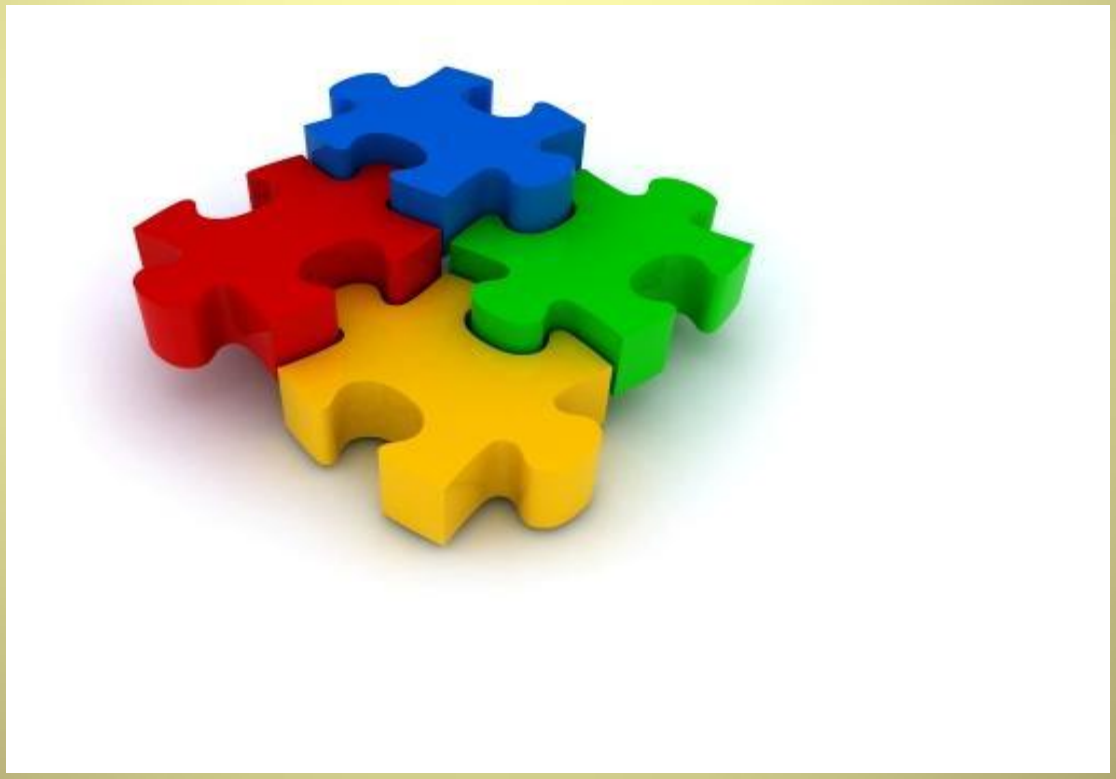
This survey elicited responses from 7,289 people.

A wide variety of people took the survey.



This "First Report" primarily focuses on <u>2,560 responses</u> of victims and their families.

Overview of Key Findings



Abuse is prevalent and pervasive

- *Over 70% of respondents with disabilities were victims of abuse.*

- *63% of parents/family said their loved one was abused.*

It happens in many ways

- *87% emotional and verbal abuse*
- *51% physical abuse*
- *42% sexual abuse*
- *32% financial abuse*

It happens frequently

- *90% of victims suffered abuse on multiple occasions*

- *57% more than 20 times*

- *46% too many times to count*

Failure to report abuse

- ***Nearly half of victims did not report abuse to authorities.***

- ***Most thought it would be futile to do so.***

Inadequate Response

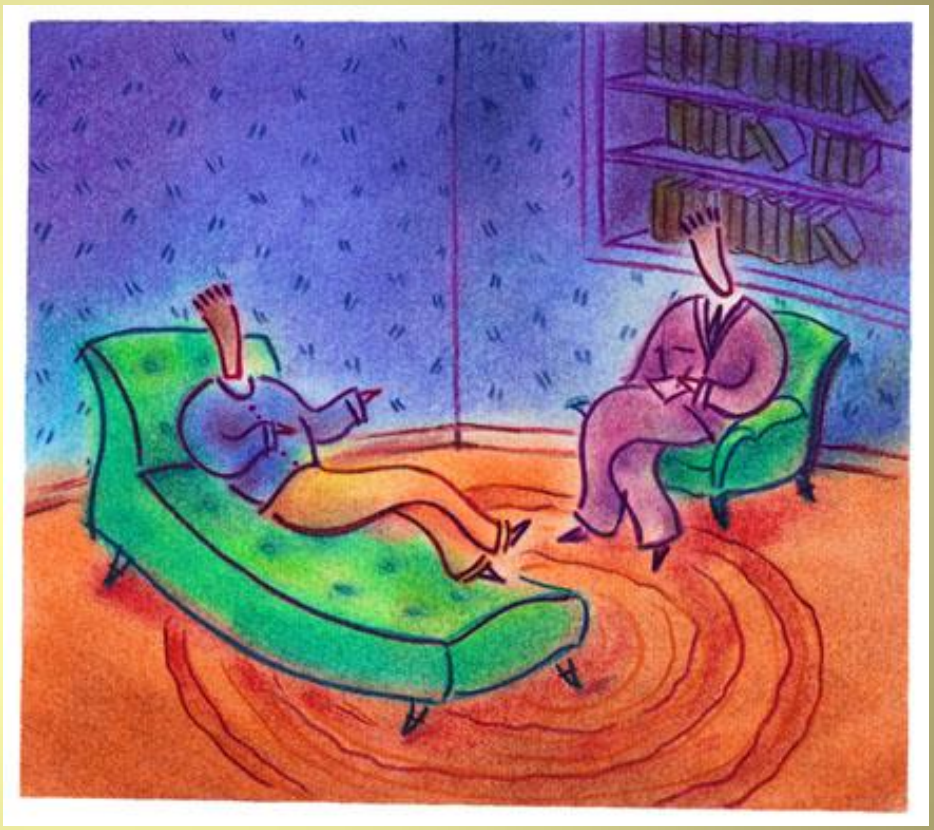
- *54% of those who did report, said nothing happened.*

- *In fewer than 10% of reported cases were perpetrators arrested.*

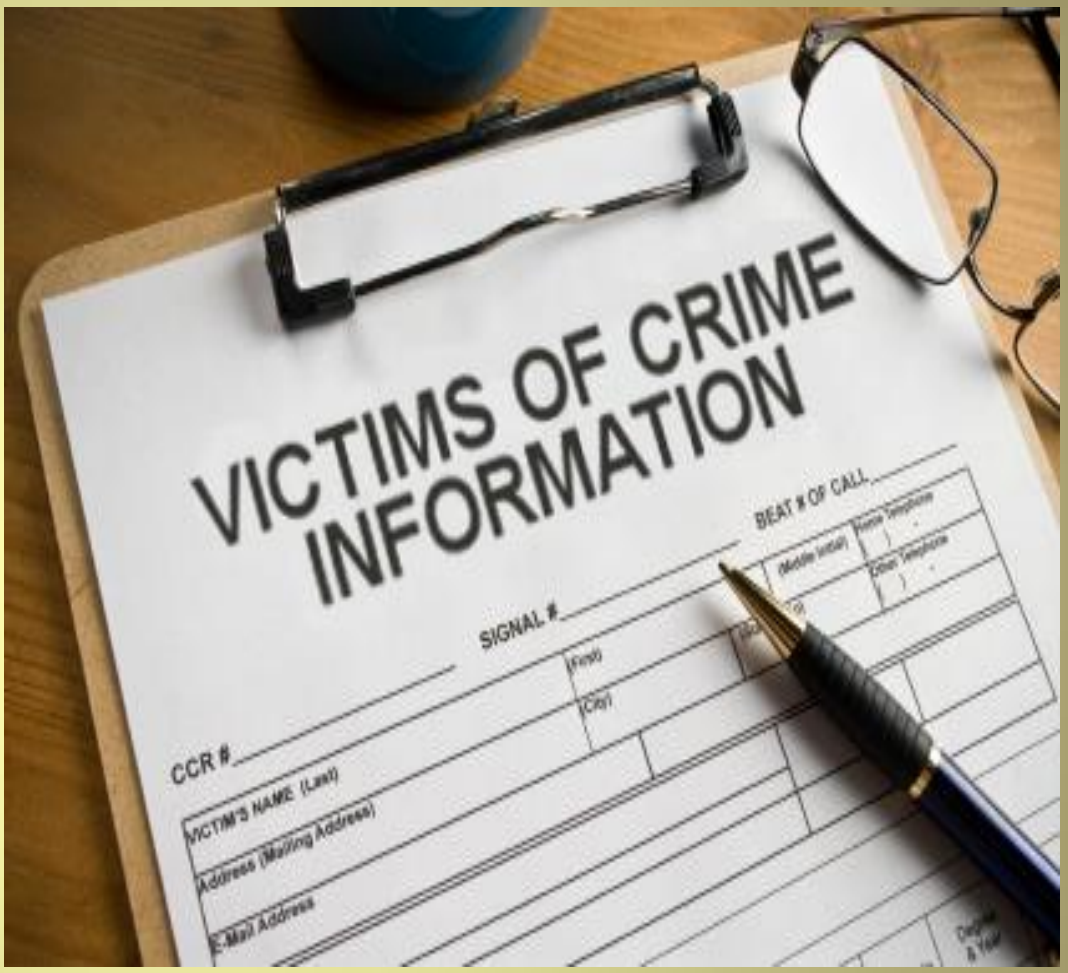
83% of victims who got therapy said it was helpful.

But . . .

66% of victims were not referred to a therapist.



Fewer than 10% of victims of sexual or physical abuse received benefits from a crime victim program.



Recommendations

Reduce Risk

Improve Reporting

Improve Prosecution

Improve Therapy for Victims

Improve Victim Compensation

Reduce Risk

Step 1:
Admit that abuse occurs

Step 2:
Know who likely offenders are

Step 3:
Create a risk reduction plan

Reduce Risk: Resources

Risk Reduction Workbooks:
(1)For parents and service providers
(2)For people with I/DD

The Rules of Sex: for those who have never been told

Go to:
disabilityandabuse.org/books

Improve Reporting

Parents:
Read "10 Tips" on Responding

Service Providers:
Adopt a Policy on Suspected Abuse

Disability Services Centers
Distribute brochures on abuse
Conduct seminars for parents

Improve Prosecution

First Responders and Investigators:
Need special training

Prosecutors:
Learn "best practices" of other agencies

APS/CPS
Send personnel to conferences with workshops on abuse and disability

Improve Therapy for Victims

Need more trauma therapists with skills in treating victims with disabilities

Need better referral systems by professional associations

Need better coordination between VOC programs and professional association referral systems

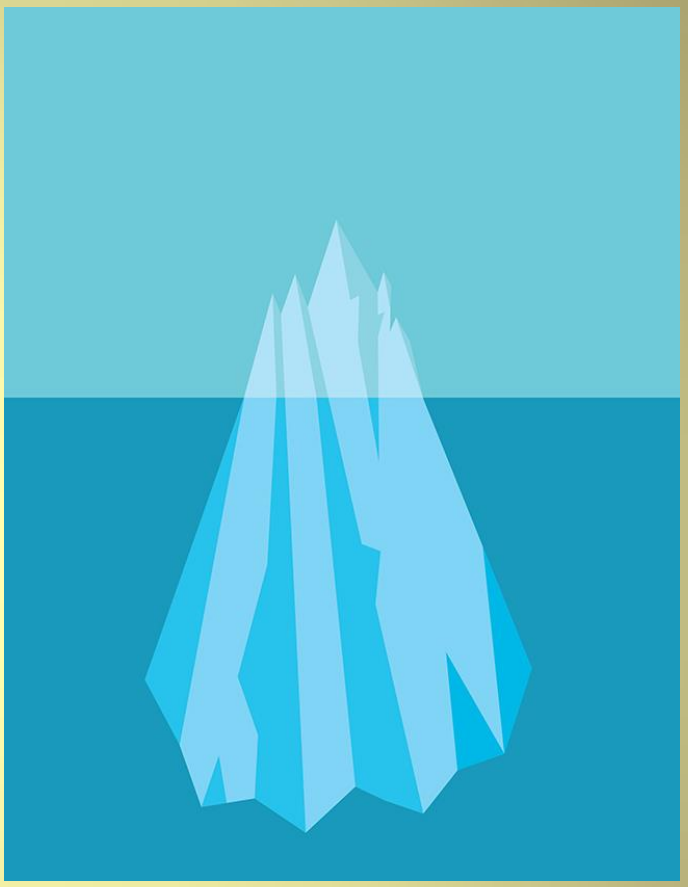
Improve Victim Compensation

Improve rate of reporting to police

Train police to refer victims to Victims Of Crime programs

Service providers should tell abuse victims about the right to compensation if they report the abuse

This is
just the tip
of the iceberg



Learn More
~
Take Action

disabilityandabuse.org

THE SEXUAL-ASSAULT EPIDEMIC

OF PEOPLE WITH DEVELOPMENTAL DISABILITIES

8 in 10

American women with developmental disabilities have been sexually assaulted in their lifetimes[1]

75%

Of sexual abuse cases are unreported[2]

49%

Are assaulted 10 or more times[3]

14%

Of men have been sexually assaulted in their lifetime compared to 4% of men without disabilities[4]

95-99%

Of abusers are known to their victims[5]

1 – Protection and Advocacy Inc. (2003)*
2-Horner-Johnson and Drum (2006)*
3-Sobsey (200) and WCASA (2003)*
4-Monika Mitra, Vera E. Mouradian and Marci Diamond. **Sexual Violence Victimization Against Men with Disabilities**. *American Journal of Preventive Medicine*, Volume 41, Issue 5 (November 2011) DOI: 10.1016/j.amepre.2011.07.014
5- Davis, Elman (2005);Nosek and Howland (1998) ;Petersilia (2001);Powers et all (2002)*
*Jessica E.A. Duke, Oregon State Public Health Division, "Sexual Violence Against People with Developmental Disabilities" (2006) p.3

Created by Theresa Fears MSW—Partnership 4 Safety Program, The Arc of Spokane

The Arc of Spokane

Abuse among the general population

- In the United States, it is estimated that 1 in 4 girls and 1 in 6 boys will be sexually abused before the age of 18.
- In the United States, it is estimated that 1 in 6 women will be sexually assaulted (raped) and 1 in 33 men will be sexually assaulted in their lifetime.

(Centers for Disease Control and Prevention, 2005)

Children with disabilities are abused more than generic kids by a factor of

Girls: 1 in 4 (25%)	**Boys: 1 in 6 (17%)**
x 1.7 = 43%	x 1.7 = 28%
x 3.4 = 85%	**x 3.4 = 58%**

- 1.7 DHHS/NCCAN (Westat Inc.,1991)
- 3.4 Boystown Research Hospital (Sullivan & Knutson, 2000)

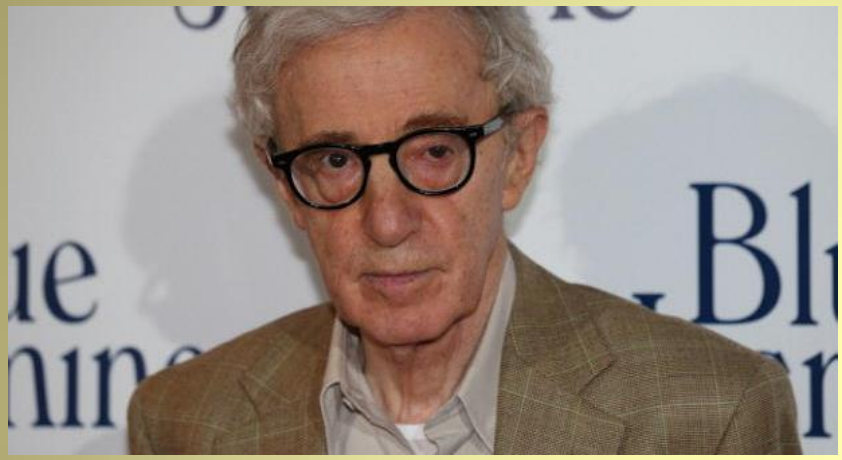
Adults with disabilities are abused more than their generic counterparts

- Annually abuse is reported among vulnerable adults, elders and children:
  - 5 million vulnerable adults
  - 2 million elders
  - 1 million children
- 2 million + 1 million = 3 million children/elders abused compared to **5 million** adults with disabilities who are abused

- From this data, we can see that **adults with disabilities are abused more than children and elders *combined!***

(Petersilia, 2000)
(NCPEA, 2013)
(NACC, n.d.)

Perpetrators



Known incidence and prevalence

Those most likely to abuse:

- Family and household members
- Service providers
  - School personnel
  - Transportation personnel
  - Day program, residential, support (ILS)
- Anyone given an authority over another
  - Practitioners with “solo” access
  - Camp staff

Abusers - Perpetrators

It is estimated that in *92% of cases of sexual abuse, the perpetrator is well known to, trusted by, and in a care providing position to the victim.*

Perpetrators seek people with disabilities as they believe that they will be less likely to be caught or be convicted.

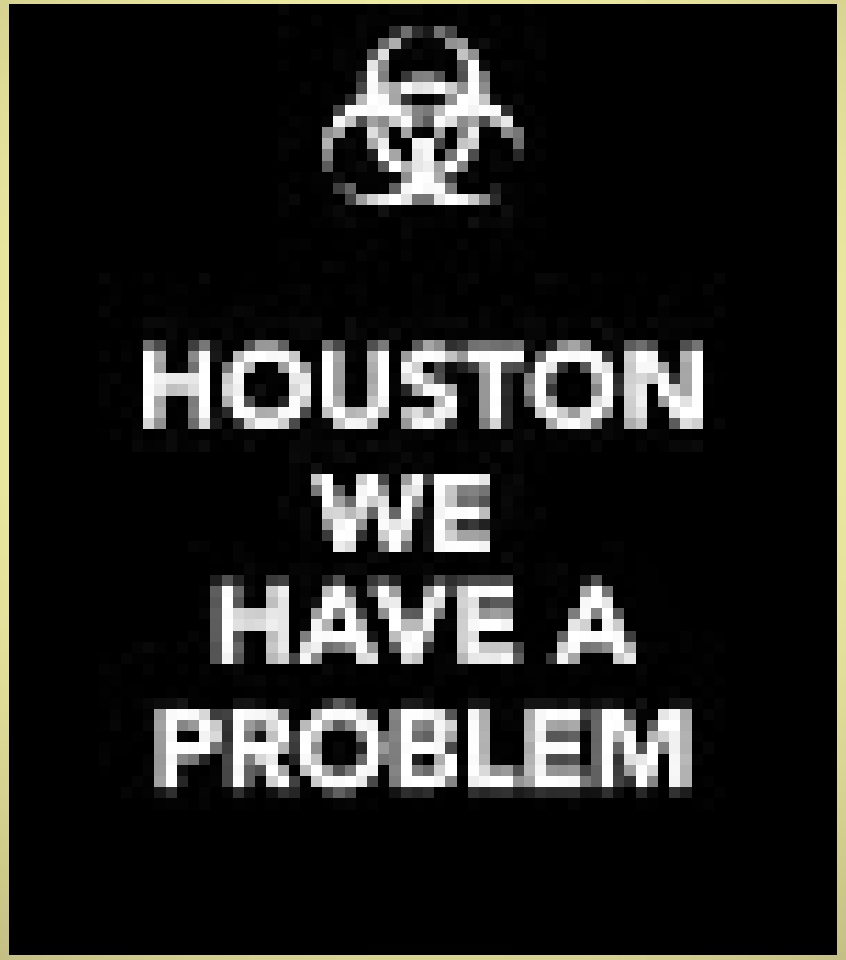
In part, because the victim will not be believed.

(Sobsey & Doe 1991)

Perpetrators

- Only 3% are caught and prosecuted
- Access is through looking normal, being nice, seeming to be trustworthy and helpful
- Any gender, age, social class, race
- Often stable, employed, respected community member
- Pedophilia is considered an immutable pathology…but they do not feel they are doing anything wrong. Thus can easily pass a polygraph test.

…we have a problem!



Cascade of Failures that Deny Equal Justice

Cases of individuals with cognitive and/or communication impairments are rarely moved forward in the legal system due to...

- A belief that a report will not result in any positive benefit for the victim.
- A belief that a report may result in a more negative situation for the victim and for the reporter.
- Inability to believe the individual really was abused.

** Less likely to be thoroughly and effectively investigated

- Adult Protective Services workers and law enforcement personnel are not usually trained in assessing and interviewing individuals and their families with disabilities.
- Interviewers OFTEN fail to interview the victim.
- Interviewers may erroneously believe that the credibility of the victim is impaired due to the disability.

** Less likely to be filed for prosecution

- Due to interviewing and attributed credibility problems
- Due to failing to take enough time or use available consultation and expertise in interviewing the victim and investigating the case.

** Less likely if prosecuted to result in a conviction or reasonable sentence.

** Less likely to be referred for psychotherapy.

** Less likely if referred for psychotherapy to receive effective and experienced provider.

Interns are assigned to work with adults with disabilities. They are inexperienced, generally have not received specialized training in the culture of disability or the issues of the disability OR elders or the combination. They may end their internship assignment after six months, when a new counselor/intern is assigned...Unless the referring source requests an experienced and licensed provider.

Crazy Thinking

Just add the word "DISABILITY" to any discussion and things change in a hurry.

- Questions on consent for rape victim who required surgery due to assault
- Suggest adult with developmental disability receive treatment for sodomy at the local Children's Advocacy Center...because he "has a mental age of 7" and is therefore just a huge kid.

Houston…we've found some solutions!

2. Risk Reduction and Prevention

Risk Reduction and Prevention

- Current Prevention & Community Efforts
- Building a Response Plan
  - Abuse Awareness Atmosphere
  - Policies and practices for abuse reduction, reporting and response
- Risk Reduction: Individual Response Plan (IRP)
- Parent Preparation
- TEN TIPS

(Baladerian, 2013)

Story of Zoe

Risk Reduction and Prevention

- Prevention & Community Efforts
  - School-based abuse prevention programs and community-based efforts are most frequently focused on providing services to children and families **after** abuse has happened.
  - In most programs, abuse-response training programs **do not include responses that children with disabilities can do**…or even children without disabilities. More effort is required to design individualized approaches based on the child/adult's skills and personality.

Risk Reduction Blueprint for Agencies & Families

Building an Individual Response Plan

Each entity, be it a family, group home, or larger institution, should have:

1. An abuse awareness practice
2. Policies and practices for abuse reduction, reporting and response.
3. Individual response plans for abuse

Risk Reduction Blueprint for Agencies & Families

- Abuse Awareness Practice
  - Policies regarding the swift response to suspected abuse are written into the policy and practices manual
  - These policies and practices are described to potential employees/volunteers/Board members
  - Policies include
    - Immediate reporting by any staff member to law enforcement when suspecting or witnessing abuse
    - Immediate *reporting after LEA call* to Administrative staff.
    - No negative consequence to reports that are not substantiated to reporter
    - Immediate suspension of suspected abuser

Risk Reduction Blueprint for Agencies & Families

- Abuse Awareness Practice
  - Policies include
    - Background checks are completed *prior to beginning of employment,* including review of findings
    - Background checks are repeated at least annually
    - Google employees/volunteers regularly
  - All brochures, documents, business cards, include announcement of the agency's Abuse Awareness Program and No Tolerance for abuse.
- Most smart perpetrators will seek an employment alternative, although some may "take the challenge" to attempt to outsmart your policies.

Risk Reduction Blueprint for Agencies & Families

- Practices
  - **Training of all staff** (from Board Members and Executive Staff through all levels of employment) on abuse, agency policies on mandatory reporting of suspected abuse
  - Agency practice and policy to **refrain from self-investigation** or interviewing alleged victim or suspect
  - **Regular interaction with related agencies** such as APS, CPS, CAC's, Victims Services, Rape Trauma Centers, Law Enforcement, among others.

Risk Reduction Blueprint for Agencies & Families

- Building an Individual Response Plan
- There are two entities:
  - The vulnerable individual and the family and/or care providers responsible for overall care
- There are three time periods:
  - Before
  - During
  - After

Risk Reduction Blueprint for Agencies & Families

The parent or carer with primary responsibility for the vulnerable child or adult takes on the responsibility to build the Individual Response Plan.

A plan is built for the vulnerable individual.

A separate plan is built for the carer.

Each have a separate role to play to reduce the risk of abuse, and what to do and say, and not do or say, after the abuse has occurred.

Risk Reduction Blueprint for Agencies & Families

VULNERABLE ADULT or CHILD

In the BEFORE stage, the plan should include information about abuse, including the kinds of abuse and what they are called.

The individual should be taught the names of various abusive acts, that these are wrong and should be reported immediately or ASAP to the carer

The individual should learn the names of sexual body parts

Risk Reduction Blueprint for Agencies & Families

VULNERABLE ADULT or CHILD

The individual should be provided a way to communicate to their carer that they have been abused or maltreated.

For those with communication disabilities, a particular sound, sign, word, picture should be designed that will alert their carer

When a perpetrator tells them to do something they do not want to do, design a response that fits into the person's cultural and personal skill set (say "yes and…"

Risk Reduction Blueprint for Agencies & Families

VULNERABLE ADULT or CHILD

The individual should make a plan for what to do DURING an abuse situation particularly sexual abuse

They should first recognize they are being attacked & their power is AFTER. This is their mantra: “My power is AFTER.” During the attack the person becomes a human video recorder.

They do all they can to survive and not get too hurt. They may have to ask the abuser to take them home.

Risk Reduction Blueprint for Agencies & Families

VULNERABLE ADULT or CHILD

When they get home, they implement the AFTER plan.

First, signal the carer that they have been abused.

Remember what the plan says for each person to do, say, not do and not say. Get out the plan for review. Take the planned actions.

Acknowledge: “We did it!” Knowledge is Power! My power is After! Planning makes a difference. All is well.

Risk Reduction and Prevention

Risk Reduction: IRP – Individual Response Plans

- Each family with a disability should be encouraged to address the risk of abuse
- They should be given access to information that encourages them to design a risk-reduction plan (IRP) for their child, that can help reduce the risk that abuse will happen and reduce the impact of abuse should it occur
- The parents should know what to do if abuse is disclosed, witnessed or discovered.

Risk Reduction and Prevention

Parent Preparation

- In most disability services agencies, parents are not provided information about the epidemic of abuse. Thus when it occurs they are blindsided, do not quickly recognize signs of abuse and at are a loss as to what to do. These agencies should implement parent preparation and education strategies.

- One easy thing they can do is distribute the TEN TIPS flyer, a one-page educational piece available at www.disability.gov and www.disabilityandabuse.org

Horror Story that led to 10 Tips

TEN TIPS

For Parents or Family Members of Individuals with I/DD (abbreviated version)

1. Know and believe that abuse can happen to your loved one.
2. Become familiar with signs of abuse, including: signs of injury, changes in behavior, mood, communication, sleep or eating patterns.
3. When you suspect something is wrong, honor your feeling and take action. See #4.
4. When you suspect abuse, call a Child or Adult Protective Services Agency and the police.

TEN TIPS
For Parents or Family Members of Individuals with I/DD

5. Do not discuss your suspicions with anyone at the program where you believe abuse is occurring as they may not respond appropriately.
6. Remove your loved one from the program immediately.
7. If there are injuries or physical conditions, take your loved one to a physician. Take your loved one to a mental health practitioner who can document the changes in behavior and mood and who can document what your loved one's memories are of the abuse.

TEN TIPS
For Parents or Family Members of Individuals with I/DD

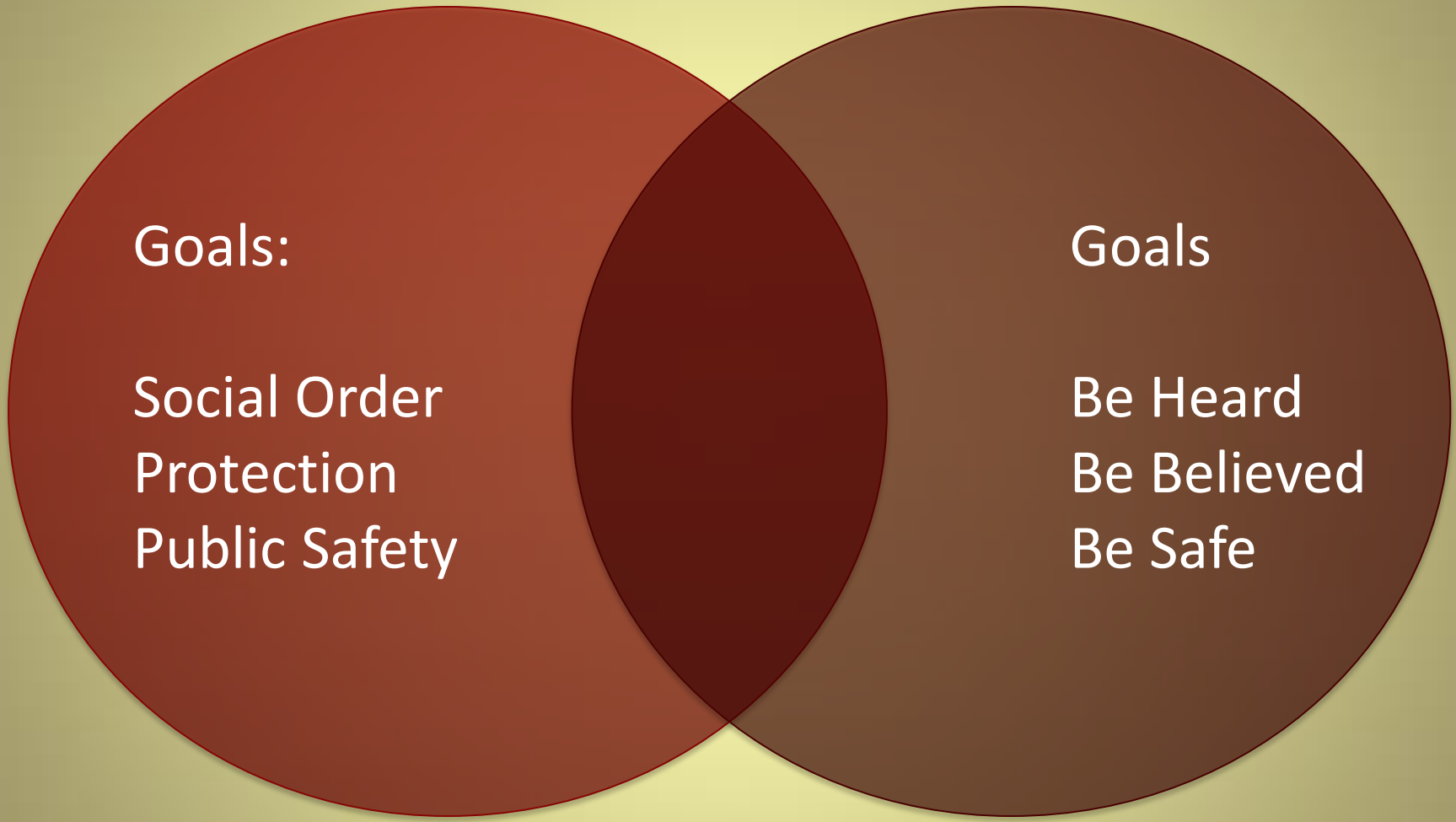
8. Create a detailed journal document in which you write all of your activities, document all of your conversations, and changes in your loved one. Notify your disability services center's case manager.
9. Notify your disability services agency (in CA the Regional Center).
10. Get a police report. Contact the Victims of Crime program in your area, and get therapy.

(Complete "10 Tips" Guide is available online at www.disabilityandabuse.org)

HEALING

An essential factor for survivors to heal is being believed.

Justice vs. Healing



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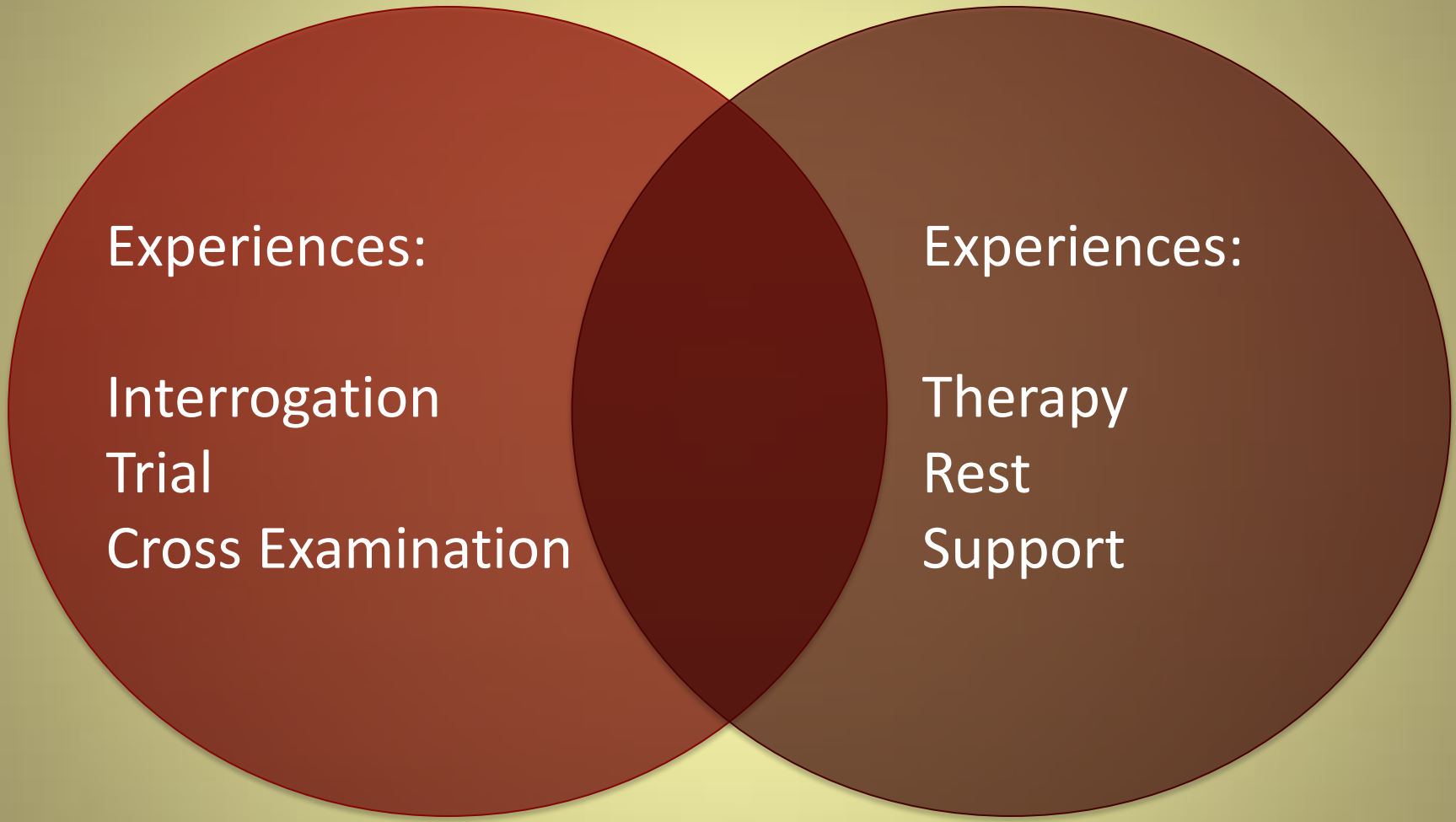
Justice vs. Healing



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3. Trauma-Informed Care Giving

Trauma-Informed Care Giving

- Residential programs, Work programs, Day programs, and Independent Living Programs serving individuals with Intellectual and Developmental Disabilities I/DD are serving traumatized individuals.

- With our recognition of the extent of victimization among members of the population, every program and service should conduct their work using the principles of trauma-informed care.

Trauma-Informed Care Giving

Principles of Trauma-Informed Care include:

- Understanding Trauma and Its Impact
- Promoting Safety
- Ensuring Cultural Competence
- Supporting Client's Control, Choice, and Autonomy

(Phoenix, 2013)

Story of Wendy's

Woman w/ ASD began putting plastic knives from Wendy's in her vagina, then walked around "funny" so people would notice. Rather than investigate what to me was an obvious communication re. sexual assault the BM Rx no more trips to Wendy's! People communicate –disclose abuse– in many different ways. If this staff were using Trauma-Informed principles, they would have recognized this as a cry for help.

Story of Trauma + RTS + Lack of Trauma-Informed Care

A woman was raped by the boyfriend of the group home care provider. She soon showed typical signs including not changing to night clothes, wearing too many clothes, undereating, frequent crying, anger outbursts, and re-enactment (to gain mastery over the trauma). A BM specialist worked with her and the staff to EXTINGUISH these behaviors. She learned it was not OK to be traumatized. Punished out of her trauma-induced behavior. 10 years later all these trauma sx re-emerged. This time she was sent to therapy, finally, where in fact many other "Big T" traumas were disclosed. The reason for not disclosing prior to the family: she did not want to ruin the wonderful time of the monthly (or less) visits with her family, as she knew they would be upset. She remembered all her traumas, including at 5 being taken to and left at an institution, as recommended by the doctor.

Trauma-Informed Care Giving

- **Principles of Trauma-Informed Care include**
- Sharing Power and Governance
- Integrating Care
- Healing Happens in Relationships
- Recovery is Possible

(Phoenix, 2013)

Trauma Informed Care

Recognizing that trauma often precedes problems with mood, conduct, and other signs of abuse, professionals learned that asking the question, “What is the matter with him?” was the wrong question

Trauma Informed Care

The right question to ask is, “What happened to him?”

The question is asked not only externally but internally.

Changing the “thinking habit” is essential to a trauma-informed perspective.

Trauma-Informed Care Giving

- When services are delivered by those trained in Trauma Informed Care principles and practices, healing can begin
- When services are NOT delivered using TIC, the meaning of a person's moods, mood changes, preferences, etc. may be misinterpreted and misunderstood.
- Terms such as "acting out" fail to discern what it is the **individual may be acting out…sadness, terror, etc.**, and the staff may inadvertently contribute to the individual's distress
- Change the internal question from "what is wrong with him/her?" to "What has happened to him/her?"

Trauma-Informed Care Giving

When services are delivered using outdated practices of “reward-and-punishment” with “consequences” administered by staff/family, the person/object of this approach learns to fear “consequences” and “rewards” are often canned words of response such as “good job.”

Trauma Informed care utilizes natural human interaction as a foundation, providing an atmosphere in which natural learning occurs through natural consequences. Old “behavior modification” practices and philosophies are replaced with a humane, supportive interactional and natural care giving process.

Trauma-Informed Care Giving

With recognition that trauma informed care should be the principle foundation for all service delivery entities, individuals with disabilities can begin to recover from years of mini- and maxi- traumas.

Trauma-Informed Care Giving

I recommend the work of Dr. Karyn Harvey, including the development of the Individual Treatment Plan (ITP) that includes a thorough history of the individual's life and traumas, and plan for specific areas of well-being including:

Meaning - Giving to others

Happiness – Feeling it, sharing it

Joy – Seeking it purposefully

Trauma-Informed Care Giving

- Design treatment programs with a history of trauma in mind.
- Ensure the day is focused in such a way as to empower each person, expressly appreciate them, and focus on the activities they enjoy and the work they enjoy.
- Help find ways for each person to make a contribution and receive the contributions of others.

Trauma-Informed Care Giving

- Trauma informed care should include awareness of the ACES research findings, and apply them in the practices and policies of the agency.
- For physical and psychological difficulties, a “look back” at the childhood of the people they serve should include documentation and discussion of how childhood traumas may be contributing or causing current difficulties.

Trauma-Informed Care Giving

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Healing Works with Anyone!

Using the practices of Energy Psychology, individuals who are non-verbal or low-verbal can receive and benefit from the application of Energy Psychology treatments.

Anyone can benefit from therapy.

Individuals who are verbal or use AAC can also benefit from Energy Psychology methods which do not require the individual to repeat the story of their trauma.

Use Thought Field Therapy (TFT)

TFT is the first of the energy psychology methods.

It combines eastern and western medicine tenets.

Research has confirmed its efficacy.

Why do I use it?

1. It works.
2. It works fast
3. Prior negative feelings remain absent over time
4. Anyone can learn to administer TFT
5. No equipment is needed
6. Rarely is repeat treatment needed
7. No side effects

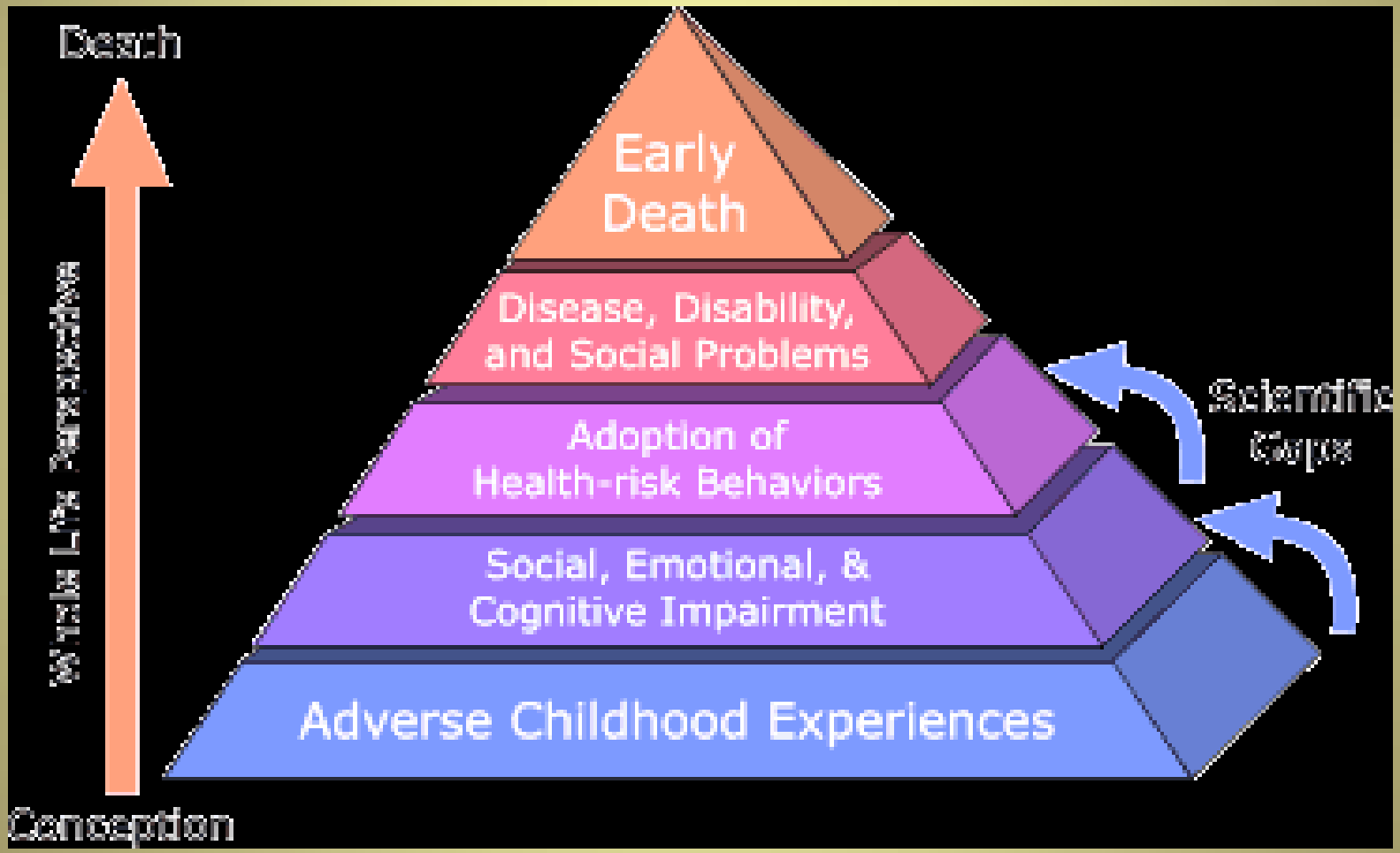
Other therapies can help, too!

- EMDR (Eye-movement Desensitization & Reprocessing)
- Emotion Code
- Body Code
- Art therapy
- Animal-assisted therapy
- Integrative medicine
- Group therapy (see Baladerian Tx. Model)

What is ACES?

It gives us the “missing link” perspective and information we have needed to understand the long-term impact of maltreatment and neglect.

ACES



Adverse Childhood Experiences (ACE) Study

- The Adverse Childhood Experiences (ACE) Study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.

- Over 17,000 patients volunteered to participate in The Study.

- Designed to provide data that would help answer the question: ***"If risk factors for disease, disability, and early mortality are not randomly distributed, what influences precede the adoption or development of them?"***

ACE Definitions

Emotional Abuse

Often or very often a parent or other adult in the household swore at you, insulted you, or put you down and sometimes, often or very often acted in a way that made you think that you might be physically hurt.

Physical Abuse

Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at you or ever hit you so hard that you had marks or were injured.

Sexual Abuse

An adult or person at least 5 years older ever touched or fondled you in a sexual way, or had you touch their body in a sexual way, or attempted oral, anal, or vaginal intercourse with you or actually had oral, anal, or vaginal intercourse with you.

Emotional Neglect

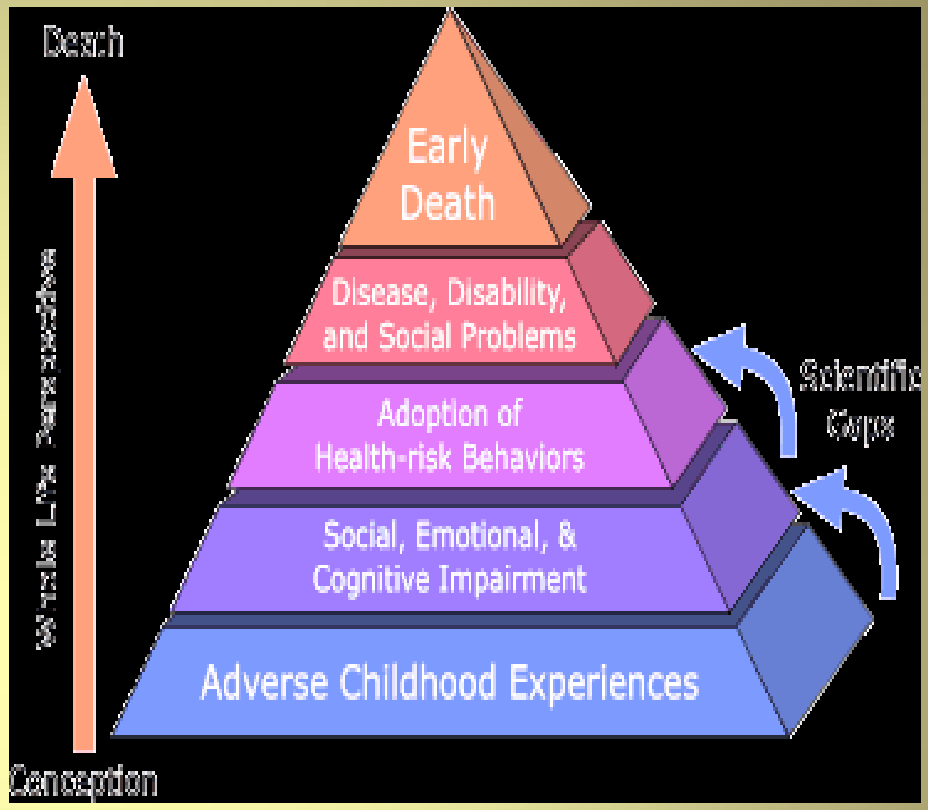
Respondents were asked whether their family made them feel special, loved, and if their family was a source of strength, support, and protection. Emotional neglect was defined using scale scores that represent moderate to extreme exposure on the Emotional Neglect subscale of the Childhood Trauma Questionnaire (CTQ) short form.

Physical Neglect

Respondents were asked whether there was enough to eat, if their parents drinking interfered with their care, if they ever wore dirty clothes, and if there was someone to take them to the doctor. Physical neglect was defined using scale scores that represent moderate to extreme exposure on the Physical Neglect subscale of the Childhood Trauma Questionnaire (CTQ) short form constituted physical neglect.

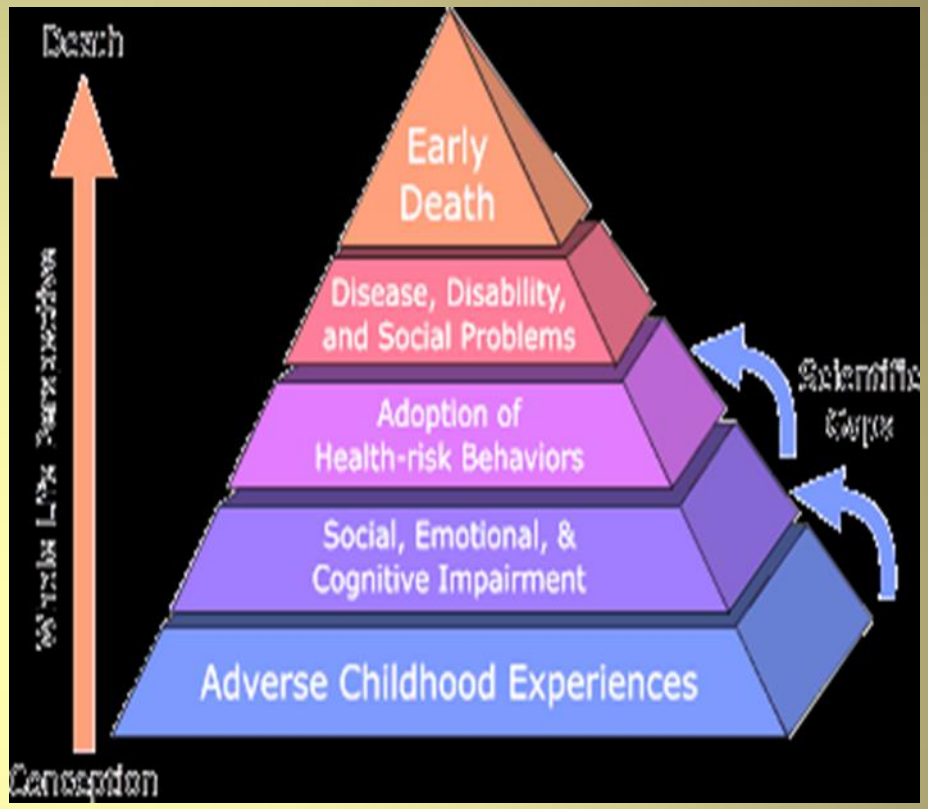
The ACE Study was designed to assess what were considered to be “scientific gaps” about the origins of risk factors.

These gaps are depicted as the two arrows linking Adverse Childhood Experiences to risk factors that lead to the health and social consequences higher up the pyramid.



The ACE Study takes a whole life perspective, as indicated on the orange arrow leading from conception to death.

By working within this framework, the ACE Study began to progressively uncover how adverse childhood experiences (ACE) are strongly related to development and prevalence of risk factors for disease and health and social well-being throughout the lifespan.



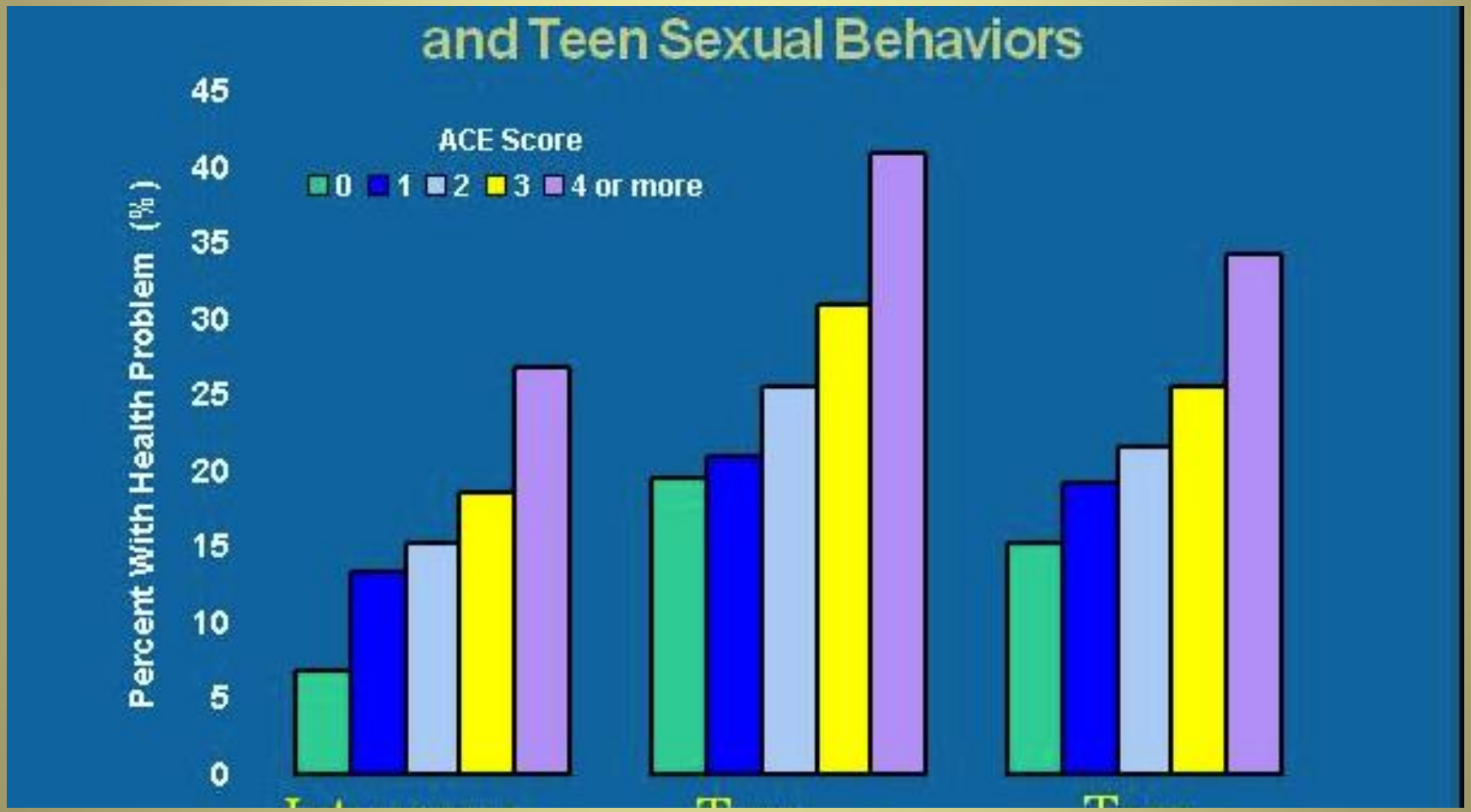
ACE Findings

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. Almost two-thirds of our study participants reported at least one ACE, and more than one of five reported three or more ACE. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems.

- The ACE Study uses the **ACE Score**, which is a total count of the number of ACEs reported by respondents. The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that **as the number of ACE increases, the risk for the following health problems increases in a strong and graded fashion:**

ACE Findings

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- **Depression**
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy



ACES

In other words,abuses, traumas, and losses experienced during childhood have a lifetime effect upon physical and psychological well-being.

What looks like “chronic migraine” is likely trauma-induced…as are many internal medicine conditions. Thus the condition may not be “disability-related” but “trauma-related.”

Read the ACES work, get on their group list, and when assessing the problems of those you serve, wonder, consider and explore the possible sources of the problem, outside of conventional medical thinking….think TRAUMA—ACES.

4. Unwitting Sex Offenders

Unwitting Sex Offenders

- Story of basketball on Friday afternoons

What are we doing to children and adults with I/DD when we fail to provide essential information about sexuality????? What are the consequences?

Are the consequences predictable?

Are they preventable? YES!!!

Unwitting Sex Offenders

Individuals with I/DD and MI are most often NOT taught anything about their sexuality.

Such lack of information includes knowing the names for sexual body parts, the reason for bodily changes during puberty, how to begin and build social and socio-sexual relationships, as well as when and with whom sexual contact is to be conducted, as well as where.

Whether this information should be provided by the school or the parents, it is not done…adequately.

Unwitting Sex Offenders

Individuals are left to fend for themselves, and just do what comes naturally.

Special education, ABA or other direct teaching methods do not generally venture into sexuality. Effective social and sexual teaching, then, is not a part of the person's learning.

The law says, "ignorance of the law is no excuse."

Who, then is responsible? What should be done? What can be done?

Unwitting Sex Offenders

Parents can teach the basics of sexuality, but are not often aware of all of the laws related to sexual conduct. And they are extremely uncomfortable talking about this, particularly with their children.

Teachers are not equipped to teach such information, and curricula are not usually provided.

To fill the gap, THE RULES OF SEX: For Those Who Have Never Been Told has been written by one of those who was arrested due to this problem and myself. It tells all you need to know…and teach

Unwitting Sex Offenders

People need to know

Why is it they have these weird feelings and what are they supposed to do with them?

Who can they share these sexual feelings with? Mom? Dad? Teacher? Bus driver? Others their age group? Family members? If not, why not?

Where can they do sexual things? At home? The living room? In class? At work? (In school, everyone else is doing it!!)

Unwitting Sex Offenders

These are the rules people must understand…or get arrested:

Who – Relationship of the person

Where - privacy

When – when free from tasks and obligations

Outside in the parent's back yard? On the beach? In the park? At school? At home when family visits?

Unwitting Sex Offenders

They must be taught some of the language about sex.

They must be taught about consent.

They must be taught about the ill- and positive effects of what to say, when to touch, with whom to engage in a friendship, close friendship, romantic relationship

What are the laws in your state regarding sex, that those with whom you work must know to avoid arrest and/or prosecution?

Unwitting Sex Offenders

They must be taught their sexual rights.

Who will teach them? **Do you know your sexual rights? Where are these rights affirmed in law?**

If they and their attorneys are aware of their sexual rights, and their application to people with disabilities, things will go better in court.

Even better, know the rights and teach the rules, and they won't wind up in court!

Unwitting Sex Offenders

Again, the motto is: Knowledge is power

Learning the social and legal proscriptions about sex can save state dollars as well as human costs such as humiliation, shame, embarrassment, trauma, and family stress.

The Rules of Sex provides the information needed, to make it easy for service providers, attorneys, probation officers, social service providers, to use the book with their clients, and protect them from the ill-effects of ignorance of the law.

RESOURCES

www.disabilityandabuse.org

- Active national discussion group
- Weekly newsfeed
- National list of consultants
- Resources (includes DVDs and books mentioned in this presentation)
- 2012 National Survey: The First Report
- TEN TIPS

The Arc's National Center on Criminal Justice and Disability (NCCJD) developing clearinghouse, provides I&R and technical assistance, creating training materials and other publications

RESOURCES

U. S. Department of Justice: Office for Victims of Crime

a) VICTIMS WITH DISABILITIES: MultiDisciplinary, Collaborative First Response (VIDEO & TRAINING GUIDE)

b) VICTIMS WITH DISABILITIES: The Forensic Interview (VIDEO & TRAINING GUIDE)

c) Serving Crime Victims with Disabilities: The Time is Now

d) Serving Crime Victims with Disabilities: Meet Us Where We Are

- **California District Attorney's Association**

  Crime Victims with Disabilities: What the Prosecutor Needs to Know (two part DVD by CDAA) http://www.cdaa.org/

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Q & A

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